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Chairman
4th District, Oklahoma

House Meets at 10:00 a.m. for Legislative Business

Anticipated Floor Action:

H.R. 2260—Pain Relief Promotion Act



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Floor Situation: The House will consider H.R. 2260 as its first order of business today. On Thursday, October 21, the Rules Committee granted a structured rule providing one hour of general debate, equally divided between the chairman and ranking member of the Judiciary Committee. Furthermore, it makes in order two amendments, debatable for the amount of time specified and in the order listed below. The chairman of the Committee of the Whole may postpone votes and reduce the voting time on a postponed vote to five minutes, so long as it follows a regular 15-minute vote. Finally, the rule provides one motion to recommit, with or without instructions.

Summary: H.R. 2260 amends the 1970 Controlled Substances Act (*P.L. 91-513*) to prohibit the Attorney General from authorizing state laws that permit physician-assisted suicide. The intent of the measure is to encourage “palliative care”—defined as alleviating the pain suffered by patients with far-advanced disease and chronic pain associated with conditions that do not respond to treatment—and to enhance the life, not hasten or postpone the death, of such patients. The bill clarifies that doctors may prescribe controlled substances for treating pain and suffering, even at the increased risk of causing a patient’s death.

In addition, the bill amends the Public Health Services Act to authorize educational and training programs focusing on pain management and palliative care. The programs must be headed by the health care policy and research administrator (an office within the Health & Human Services Department), in order to (1) develop and advance scientific understanding of palliative care; and (2) collect and disseminate information on palliative care to public and private health care providers, as well as to health professions schools, hospices, and the general public. Finally, H.R. 2260 authorizes \$5 million for the secretary to award grants and contracts to health professions schools, hospices, and other entities to train and educate health care professionals on palliative care.

Views: The Republican leadership supports passage of the bill. An official Clinton Administration view was unavailable at press time. Unofficially, press reports indicate that the president opposes the bill.

Amendments: As stated above, the rule makes in order the following two amendments to H.R. 2260, debatable in the order listed and for the amount of time specified below:

Mr. Scott and Mr. DeFazio will offer an amendment, debatable for 10 minutes, to eliminate provisions in the bill that prohibit physician-assisted suicide and preclude the Attorney General from enforcing state laws that legalize assisted suicide or euthanasia. Supporters of the amendment charge that these provisions preempt states' rights and, because of their vagueness, could subject physicians to criminal sanctions and lengthy prison terms. Opponents assert that the amendment unjustly emasculates the bill, noting that the measure does not establish any criminal penalties against doctors but, in fact, protects them from criminal sanctions. They also contend that regulating controlled substances has long been the province of the federal government. **Staff Contact: Lee Nguyen (Scott), x5-8351**

Mdmes. Johnson (CT), Maloney (NY) and Hooley and Mr. Rothman will offer an amendment in the nature of a substitute, debatable for 40 minutes, to express the sense of Congress in opposition to physician-assisted suicide. In contrast to the bill, the substitute amendment does not amend the CSA to prohibit the Attorney General from enforcing state laws that legalize physician-assisted suicide. The substitute amendment also:

- * authorizes \$18 million over three years to establish six regional family support networks in pain and symptom management to coordinate efforts to make palliative care available to patients 24 hours a day;
- * directs the Health & Human Services Department to establish an Internet site to provide easy-to-understand guidelines for treating pain. The substitute requires health care facilities to provide access to this site for all patients and providers;
- * authorizes physician peer review organizations to review pain management at the local level and assist doctors and other health care providers in improving the quality of care. In addition, the substitute requires the department to establish standards for measuring the quality of care;
- * instructs the Surgeon General to issue a report by October 2000 that includes information on the (1) legal and regulatory barriers to pain management, (2) level of competence in treating pain by physicians around the country, and (3) amount and quality of training received by medical students and residents;
- * creates an 11-member committee to coordinate the efforts of various entities of the federal government, as well as recommend additional research needs, practice guidelines, and pain management practices; and
- * directs the National Institutes of Health (NIH) to hold a conference by 2003 to discuss ideas for implementing new discoveries yielded from pain and symptom research. **Staff Contact: Joan Mooney (Hooley), x5-5711**

Additional Information: See *Legislative Digest*, Vol. XXVIII, #30, October 15, 1999.

